

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

RECEIVED
District of

Plaintiff

V.

Defendant

2007 OCT 24 A 9:56
APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT
DEBRA P. HACKBERRY
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

CASE NUMBER:

3:07cv960-F

I, Angela Elaine Whitford declare that I am the (check appropriate box)
☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Lee County Detention Center

Are you employed at the institution? no Do you receive any payment from the institution? no

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 3/03/1996

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---------------------------------------------------|-----------------------------------------|----------------------------------------|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value. _____

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

10/16/2007
Date

Sanja Whitlow
Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

enclosed is a copy of my
Account. So that I can proceed
without payment of Fees and affidavit

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2007 OCT 24 A 9:55

DEBRA P. HACKETT, CLERK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

LEE COUNTY DETENTION WORK CENTER
P.O. BOX 1450
ST LOUIS, MO 63178-0450

NAME: WHITLEY, SONJA ORDER DATE: 9/18/07
NBR: 8250 ORDER NBR: 74853
BLOCK: C TIER: CELL: 91 CPR NBR: 53339
SITE: LEE COUNTY DETENTION CENTER 300 001 BEG FUND BAL: 2.50
PAGE: 1

ORDER SITE:	KEEFE	ITEM	TOTAL
QTY	ITEM#	ITEM#	ITEM DESCRIPTION
1	2215	22023	COCOA BUTTER LOTION 4OZ.
1	2210	18112	S.S. FRUIT PUNCH

Secured Items:

QTY	ITEM#	ITEM#	ITEM DESCRIPTION	PRICE	TOTAL
3	1001	0888	LARGE STAMPED ENVELOPE	.48	1.44

SUB-TOTAL \$ 2.49

SALES TAX .00

ORDER TOTAL 2.49

FUND BALANCE

ORDERED ITEMS:

QTY	ITEM#	DESCRIPTION
1	1001	LARGE STAMPED ENVELOPE

LIST SHORTAGES AND/OR DAMAGES HERE.

ITEM#	QUANTITY	CATEGORY/DESCRIPTION
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SIGNED _____ DATE _____

WITNESSED BY _____ DATE _____

P.O. BOX 17490
ST LOUIS, MO 63178-7490

NAME: WHITLOW SONJA

ORDER DATE: 10/02/07

NBR: 8250

ORDER NBR: 82079

BLOCK: C TIER: CELL: 9

CPR NBR: 53548

SITE: LEE COUNTY DETENTION CENTER

30280J 001

BEG FUND BAL: 36.97

PAGE: 1

ORDER	SITE:	KEEFE	ITEM	TOTAL
QTY	ITEM#	ITEM#	ITEM DESCRIPTION	PRICE
10	2290	8110	S.S. ORANGE BREAKFAST DR1	2.00
10	2210	8112	S.S. FRUIT PUNCH	2.00
1	2231	84711	SL OATMEAL SANDWICH OARES	1.75
1	4110	48609	LEMON SPROPS	.69
1	4145	48605	STARLITE MINTS 3.75OZ	.69
1	6117	85053	D.A. CHEESE CRUNCH 11OZ	1.80
2	6143	85113	SOUP CREAM & ONION	1.55
2	6150	8911	KEEFE 10OZ NACHO CHIPS	1.80
2	6313	8263	SUMMER SAUSAGE 5 OZ.	1.75
2	6429	62859	CC JALAP CHEESE SQUEEZE	.90
1	6501	85140	PICKLE (MILD)	.75
4	6515	76510	MAYO SINGLE SERVE 1-EA	.15

Secure Items

③ 1001 8783 LARGE STAMPED ENVELOPE

LIST SHORTAGES AND/OR DAMAGES HERE:

ITEM#	QUANTITY	CATEGORY/DESCRIPTION
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SIGNED:  DATE: 10/03/2007

RECEIVED BY: _____ DATE: _____